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B. BOSTICK
JUN 2.4 2011

EXAMINER

COVER LETTER

Division of Corpor	rations	
SUBJECT: Nor	th & South Wholesalers, LLC	
	Name of Limited Liability Company	
The enclosed Articles of Arr	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Leo Milewicz	
-	Name of Person	·
-	Firm/Company	<u> </u>
	20600 NW 47th Avenue	
	Address	
	Miami Gardens, FL 33055	Fr =
	City/State and Zip Code	- Inches
_	leo@aldantrading.com E-mail address: (1 be used for future annual report notification	S: 23 F
	•	on)
For further information conc	erning this matter, please call:	SEE FLORI
Lisa Sharron	at (954) 473-4120	RID 19
Name of Per	rson at (954) 473-4120 Area Code & Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing amount:	
X \$25.00 Filing Fee]\$30.00 Filing Fee &\$55.00 Filing Fee & Certificate of Status	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North & South Whol					
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now ap Limited Liability Compar	ocars on our records. 1y)	.)		
The Articles of Organization for this Limited Liability	Company were filed on _	6/28/2010		and as	signed
Florida document number L10000068525	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Co	mpany," the designation	on "LLC"	or the	abbreviatio
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>	
					E II
			SS	(C)	a mustr
Enter new mailing address, if applicable:			mic	=:	9 6
Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	<u> </u>
			RATE		
	<u></u>		A		
B. If amending the registered agent and/or regis	stered office address o	n our records, <u>ent</u>	er the n	ame (of the nev
registered agent and/or the new registered office add	dress here:				
Name of New Registered Agent:					
New Registered Office Address:					
THE STATE OF THE PROPERTY OF T	Enter Florida street address				
		, Florida			
	City		Zi	p Code	e

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MgrM ———	Tal Daniel	13003 SW 41st Street Davie, FL 33330	X Add
MgrM	Robert Aguilar	20600 NW 47th Avenue Miami Gardens, FL 33055	Add Remove
Mgr	Dana Daniel	13003 SW 41st Street Davie, FL 33330	Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If an	nending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	v.)
	Robert Aguilar - Directo	or (change from MgrM)	
	Leo Milewicz - Director	A HASS	22
Dated	May 31, 2	2011 2011	
	(x)	aber or authorized representative of a member	9
	Tal Daniel	·	
	Туј	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00